

Amended Statement Cover

Enclosed please find a revised Page 4 of the 1st Quarter filing for Health Plan of Michigan, Inc. Per instructions from the Office of Financial and Insurance Services, a correction was made to column 3 - Prior Year to Date - to reflect March 2003 data vs. December 2003 data as originally reported.

HEALTH QUARTERLY STATEMENT

AS OF March 31, 2004

OF THE CONDITION AND AFFAIRS OF THE

Health Plan of Michigan, Inc.

NAIC Group Code

0000

(Current Period)

,

0000

(Prior Period)

NAIC Company Code

52563

Employer's ID Number

38-3253977

Organized under the Laws of

Michigan

,

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[]

Property/Casualty[]

Hospital, Medical & Dental Service or Indemnity[]

Dental Service Corporation[]

Vision Service Corporation[]

Health Maintenance Organization[X]

Other[]

Is HMO Federally Qualified? Yes[] No[X]

Date Incorporated or Organized

12/31/1995

Date Commenced Business

12/31/1995

Statutory Home Office

17515 W. Nine Mile Road, Suite 650

,

Southfield, MI 48075

(Street and Number)

(City, or Town, State and Zip Code)

Main Administrative Office

17515 W. Nine Mile Road, Suite 650

(Street and Number)

Southfield, MI 48075

(City or Town, State and Zip Code)

(248)557-3700

(Area Code) (Telephone Number)

Mail Address

17515 W.Nine Mile Road, Suite 650

,

Southfield, MI 48075

(Street and Number or P.O. Box)

(City, or Town, State and Zip Code)

Primary Location of Books and Records

Same

(Street and Number)

Same,

(City, or Town, State and Zip Code)

(248)557-3700

(Area Code) (Telephone Number)

Internet Website Address

www.hpmich.com

Statutory Statement Contact

Jon B. Cotton

(Name)

(248)204-6011

(Area Code)(Telephone Number)(Extension)

jcotton@hpmich.com

(E-Mail Address)

(248)557-4638

(Fax Number)

Policyowner Relations Contact

17515 W. Nine Mile Road, Suite 650

(Street and Number)

Southfield, MI 48075

(City, or Town, State and Zip Code)

(248)557-3700

(Area Code) (Telephone Number)(Extension)

OFFICERS

David B. Cotton M.D., President/CEO

Thomas Lauzon, Secretary/CIO

Janice Torosian, Treasurer/CFO

OTHERS

DIRECTORS OR TRUSTEES

Timothy Beck

Thomas Lauzon

Melanie Shearman

George Ellis

Laura Legee

State of

Michigan

County of

Oakland

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)

David B. Cotton, M.D.

(Printed Name)

President

(Title)

(Signature)

Thomas Lauzon

(Printed Name)

Secretary

(Title)

(Signature)

Janice Torosian

(Printed Name)

Treasurer

(Title)

Subscribed and sworn to before me this

day of

, 2004

a. Is this an original filing?

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[] No[X]

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06/30/2004

3

(Notary Public Signature)

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	223,079	148,856
2.	Net premium income (including \$..... non-health premium income)	X X X	32,784,155	19,220,625
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	(1,582,947)	
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	31,201,208	19,220,625
Hospital and Medical:				
9.	Hospital/medical benefits		15,960,731	10,761,060
10.	Other professional services		64,074	71,345
11.	Outside referrals		2,681,532	1,114,766
12.	Emergency room and out-of-area		1,008,214	584,666
13.	Prescription drugs		5,551,685	3,802,152
14.	Aggregate write-ins for other hospital and medical		3,712	7,676
15.	Incentive pool, withhold adjustments and bonus amounts		372,385	49,500
16.	Subtotal (Lines 9 to 15)		25,642,333	16,391,165
Less:				
17.	Net reinsurance recoveries		41,190	
18.	Total hospital and medical (Lines 16 minus 17)		25,601,143	16,391,165
19.	Non-health claims			
20.	Claims adjustment expenses, including \$..... cost containment expenses		255,971	162,452
21.	General administrative expenses		4,127,838	2,036,063
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		29,984,952	18,589,680
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,216,256	630,945
25.	Net investment income earned		51,331	47,257
26.	Net realized capital gains (losses)		3,178	
27.	Net investment gains or (losses) (Lines 25 plus 26)		54,509	47,257
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29.	Aggregate write-ins for other income or expenses		6	456
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,270,771	678,658
31.	Federal and foreign income taxes incurred	X X X	440,687	197,888
32.	Net income (loss) (Lines 30 minus 31)	X X X	830,084	480,770
DETAILS OF WRITE-INS				
0601.	Quality Assurance Fee	X X X	(1,582,947)	
0602	.....	X X X		
0603	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(1,582,947)	
0701	.....	X X X		
0702	.....	X X X		
0703	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	Hearing/Speech devices		3,712	7,676
1402	.....		
1403	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		3,712	7,676
2901.	Miscellaneous Income - Copying Fees		6	456
2902	.....		
2903	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		6	456